

MEM - Member Calls for Eligibility and Benefits

Purpose:

This procedure explains the process of how to handle a member's call regarding member Medicaid eligibility and benefits.

Identification of Roles:

Customer Service Representatives (CSR)

Performance Standards:

Quality Assurance for all Member Service's calls must be at least 85%. However, enrollments should be completed correctly 100% of the time.

Path of Business Procedure:

Step 1: Calls are routed by an Automated Call Distributor (ACD) into an enrollment queue and answered by the next available CSR.

Step 2: CSR access the member's file and will verify that the caller is Health Insurance Portability and Accountability Act of 1996 (HIPPA) authorized to obtain information and make changes to the member's file.

- a. Verify the person calling is listed as the member, the case name or the name in Social Services Number information (SSNI).
- b. Verify the mailing address on file.
- c. Request the caller's current phone number.

Step 3: CSR will verify Medicaid enrollment using screen 10 in Medicaid Management Information System (MMIS).

- a. Verify the Aid Type, Fund Code, and Exemption Code for member eligibility.
- b. Refer to Member Services Reference Manual, Member Eligibility Verification section.

Step 4: Once it has been determined that the member is eligible for Medicaid benefits, CSR may provide individual coverage and benefits information, as determined by the Aid Type, Fund Code, and Exemption Code verified above. (Refer to Member Services Reference Manual, Medicaid Benefits section.)

- a. The following Aid Types have full Medicaid coverage and benefits: 130, 131, 137, 138, 140, 142, 143, 308, 370, 372, 373, 377, 390, 421, 423, 428, 429, 462, 464, 630, 631, 632, 633, 636, 637, 640, 642, 643, 731, 732, 733, 734, 735, and 920.
- b. The following list of Aid Types has full Medicaid coverage as well as Wavier Services: 136, 631, 636, 638, 645, 731, 733, and 734.
- c. The following are special Aid Types:

1. 37E is for Medically Needy
 1. 37E with Fund Codes A or C is Medically Needy and either do not have a spenddown or their spenddown has been met. This member has full Medicaid benefits.
 2. 37E with a Fund Code of P is Medically Needy but has not yet met their spenddown. Eligibility is pending until the spenddown has been met.
 3. 37E with Fund Code of S is a Medically Needy Responsible Relative and will never be eligible. Their bills can be used to meet another person on the case's spenddown.
- d. 906 (Fund Codes of A or C) are for members who are only eligible for the Iowa Family Planning Network (IFPN) Waiver.
- e. 888 indicates presumptive eligibility. Member has coverage for all services except hospital care.
- f. 889 is for members who are eligible for Breast and Cervical cancer services and has full Medicaid benefits.
- g. 900 and 902 (with Fund Code of 9) are for members who are eligible to have their premiums paid by Medicaid.
 1. Exemption Code Q indicates the member is a Qualified Medicare Beneficiary (QMB) and is eligible for their Medicare premiums, co-insurance, and deductibles to be paid.
 2. Exemption Codes of E, H, or L indicate Specified Low-Income Medicare Beneficiary (SLMB) with eligibility only for their Medicare Part B premiums to be paid and are not eligible for Medicaid benefits.
- h. 777 was once called state papers. This member is only eligible at the University of Iowa.
- i. 60M (with Fund Codes of A or C) is Medicaid for Employed Persons with Disabilities (MEPD). This member pays a premium every month and is considered eligible for full Medicaid benefits.
 - 60M with a Fund code of P is MEPD, but the member's eligibility is pending the member making their monthly premium payment.
- j. 60 E (fund code of A or C) is the aid type for IowaCare. Refer to Member Services Reference Manual, IowaCare section for full member benefits information.
- k. 60P (Fund Codes of A or C) is for IowaCare for pregnant woman. If a member is on IowaCare and pregnant, they must have this Aid Type in order to seek services at locations other than those established for IowaCare members in their location.
- l. 86E and 86 P (Fund Codes of A or C) are for members with IowaCare who also qualify for the IFPN waiver.
- m. 88E, 88H, and 88P (Fund Codes of A or C) indicates members who have IowaCare and who are also presumptively eligible.
- n. 88F 9 (Fund Codes of A or C) is for members with IFPN waiver and who are presumptively eligible.

- o. 89E, 89H, and 89P (Fund Codes of A or C) indicates members with IowaCare and who are eligible for Breast and Cervical cancer services.

Forms/Reports:

None

RFP References:

6.5.1 Managed Health Care Enrollment Broker

Interfaces:

MMIS RECIPIENT ELIGIBILITY SUBSYSTEM

Attachments:

None